

#4

PATENT

Docket: P-8645.02 CIP I

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): MARK D. BREYEN, ANDREW MICHAEL JACOBS,
ANTHONY W. RORVICK AND PAUL A. PIGNATO

Art Unit: --

Serial No.: 09/608,204

Examiner: --

Filed: JUNE 30, 2000



For: IMPLANTABLE MEDICAL DEVICE HAVING FLAT ELECTROLYTIC
CAPACITOR WITH DIFFERING SIZED ANODE AND CATHODE LAYERS

INFORMATION DISCLOSURE STATEMENT

Assistant Commissioner for Patents
Washington D.C. 20231

Dear Sir:

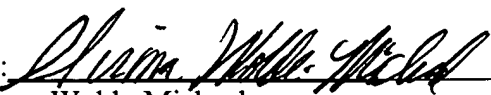
In compliance with the duty imposed by 37 C.F.R. § 1.56, and in accordance with C.F.R. §§ 1.97 *et. seq.*, the materials enclosed herewith are brought to the attention of the Examiner as possibly being of interest in connection with the above-identified patent application.

Consideration of each of the documents listed on the attached Form 1449 is respectfully requested. Pursuant to the provisions of M.P.E.P. §609, Applicant further requests that a copy of the Form 1449, marked as being considered and initialed by the Examiner, be returned with the next Official Communication.

Respectfully submitted,

MARK D. BREYEN, ANDREW MICHAEL JACOBS,
ANTHONY W. RORVICE AND PAUL A. PIGNATO

By Their Representatives,

By: 
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INFORMATION DISCLOSURE STATEMENT TRANSMITTAL

In re Application of: MARK D. BREYEN, ANDREW MICHAEL JACOBS, ANTHONY W. RORVICK AND PAUL A. PIGNATO
For : IMPLANTABLE MEDICAL DEVICE HAVING FLAT ELECTROLYTIC CAPACITOR WITH DIFFERING SIZED ANODE AND CATHODE LAYERS
Serial No.: 09/608,204
Filed: JUNE 30, 2000



CERTIFICATE OF MAILING UNDER 37 CFR 1.8: I hereby certify that this **INFORMATION DISCLOSURE STATEMENT** and the paper(s), as described herein, are being deposited in the U.S. Postal Service, as first class mail, addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231 on this 25th day of JULY, 2000.

Signature

MARY ANN GLYNN

Printed Name

Commissioner of Patents and Trademarks
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

- X Information Disclosure Statement Transmittal
- X Information Disclosure Statement
- X PTO FORM 1449
- X Copies cited references
- X Return Postcard

FEE CALCULATION

- ☐ \$ 00.00 Pursuant to 37 CFR §1.97(b)
- ☐ \$ 00.00 Pursuant to 37 CFR §1.97(c) with Certification
- ☐ \$240.00 Pursuant to 37 CFR §1.97(c) without Certification
- ☐ \$130.00 Pursuant to 37 CFR §1.97(d) with Certification

- ☐ Applicant hereby petitions for a _____ months' extension of time. If an additional extension of time is required, please consider this petition therefor.
- ☐ Applicant believes that no extension of term is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time.
- X Please charge any additional fees or credits to Deposit Account No. 13-2546 which may have been overlooked on this Amendment Transmittal with regard to this filing. A duplicate of this transmittal is enclosed.

Date

Girma Wolde-Michael

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